

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL)
FOR PROTON PUMP INHIBITOR (PPI) DRUGS**

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs Completion Instructions (HCF 11078A).

Dispensing providers are required to have a completed PA/PDL for PPI Drugs form signed by the prescriber before calling Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) or submitting a paper PA request.

SECTION I — RECIPIENT INFORMATION

1. Name — Recipient (Last, First, Middle Initial)	2. Date of Birth — Recipient
3. Recipient Medicaid Identification Number	

SECTION II — PRESCRIPTION INFORMATION

4. Drug Name	5. Strength
6. Date Prescription Written	7. Directions for Use
8. Diagnosis — Primary Code and/or Description (The diagnosis code must be one of the PPI-approved codes.*)	
9. Name — Prescriber	10. Drug Enforcement Agency Number
11. Address — Prescriber (Street, City, State, Zip Code)	
12. Telephone Number — Prescriber	

SECTION IIIA — CLINICAL INFORMATION FOR PROTONIX

13. Has the recipient tried and failed Prilosec OTC® or had an adverse drug reaction? If yes, what adverse reaction has the recipient experienced that can be directly attributed to Prilosec OTC®?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is the recipient a pregnant woman or a child who weighs less than 20 kilograms?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IIIB — CLINICAL INFORMATION FOR NON-PREFERRED PPIs

15. Has the recipient tried and failed Prilosec OTC® and Protonix® or had an adverse drug reaction? If yes, what adverse reactions did the recipient experience that can be directly attributed to Prilosec OTC® and Protonix®?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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16. SIGNATURE — Prescriber	17. Date Signed
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SECTION IV — DISPENSING PROVIDERS USING STAT-PA

18. National Drug Code (11 digits)		19. Days' Supply Requested**
20. Wisconsin Medicaid Provider Number (Eight digits)		
21. Date of Service (MM/DD/YYYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to 14 days in the past.)		
22. Place of Service (Patient Location) (Use patient location code "00" [Not specified], "01" [Home], "04" [Long Term/Extended Care], "07" [Skilled Care Facility], or "10" [Outpatient])		
23. Assigned Prior Authorization Number (Seven digits)		
24. Grant Date	25. Expiration Date	26. Number of Days Approved

*PPI-approved codes are:

E9356 NSAID induced gastric ulcer
NSAID induced duodenal ulcer
4186 H. Pylori infection
2515 Zollinger-Ellison syndrome
53019 Erosive esophagitis
53081 Gastroesophageal reflux (GERD)
5368 Gastric hypersecretory conditions

**Days' supply requested equals the total number of days requested for the PA. For example, for a one-year PA, providers should enter "365."

SECTION V — ADDITIONAL INFORMATION

27. Include any additional information in the space below. For example, providers may include that this PA request is being submitted for a recipient who was granted retroactive eligibility by Wisconsin Medicaid, BadgerCare, or SeniorCare.